

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

GAMBLING LICENSE APPLICATION

for office use only

\$ _____

LICENSEE INFORMATION

Name of Licensee (organization, business or person):		Federal ID Number:		Sales Tax Number:	
Name of Group, Charter or Business, If Different From Above:		Business Telephone Number of the Responsible Party (include area code): ()			
Responsible Party (first name, middle initial, last name):		Social Security Number:			
Responsible Party's Mailing Address:	City:	County:	State:	Zip Code:	

GAMBLING LOCATION INFORMATION

Street Address:		City:	State:	Zip Code:
For Bingo: [] Owned [] Rented	Name of Landlord (if applicable):		Landlord's Telephone Number (include area code): ()	
Landlord's Mailing Address:	City:	State:	Zip Code:	

<input type="checkbox"/> New License (No previous license) <input type="checkbox"/> License Renewal	Previous Gambling License Number: _____ Date you want this license to begin: _____
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Check the type of License you are requesting:			License Fee
<input type="checkbox"/>	01	Amusement Concession License (One year) Authorizes concession games of skill/chance at a fair, amusement park, or local celebration.	\$50 per game
<input type="checkbox"/>	02	Amusement Sponsor's License (14-day) Authorizes the sponsor of a carnival, bazaar, or celebration to conduct games of skill/chance with written permission from a city council or county board of supervisors. (No raffles)	\$25
<input type="checkbox"/>	03	Social Gambling – Beer & Liquor Establishments (Two year) Authorizes small stakes card and parlor games between individuals. Sports-betting pools may be conducted.	\$150
<input type="checkbox"/>	04	Social Gambling – Public Places (Two year) Authorizes small stakes card and parlor games between individuals.	\$100
<input type="checkbox"/>	05	Raffle At Fair (Duration of Fair) Each license authorizes one raffle conducted by either the sponsor of the fair or a licensed qualified organization with written permission from the fair board.	\$30 per raffle
<input type="checkbox"/>	06	Annual Game Night (12-hour Casino) Authorizes small games of skill or chance and limited casino-type games. Issued once per calendar year for 12 hours.	\$25
<input type="checkbox"/>	07	Qualified Organization (Two year) Authorizes small games of skill or chance, bingo and raffles by tax-exempt organizations. No casino-type games.	\$150
<input type="checkbox"/>	08	Qualified Organization (14-day) Authorizes small games of skill or chance, bingo and raffles by tax-exempt organizations. No casino-type games. The sale of tickets and the drawing of a raffle must <u>both</u> occur within the 14-day period.	\$15
<input type="checkbox"/>	09	Qualified Organization Raffle (90-day) Authorizes raffles for fund-raising by tax-exempt organizations. The sale of tickets and the drawing of a raffle must <u>both</u> occur within the 90-day period.	\$40
<input type="checkbox"/>	10	Qualified Organization Raffle (180-day) Authorizes raffles for fund-raising by tax-exempt organizations. The sale of tickets and the drawing of a raffle must <u>both</u> occur within the 180-day period.	\$75
<input type="checkbox"/>	13	Qualified Organization Annual Raffle License (One Year) Authorizes raffles for fund-raising by tax-exempt organizations. The sale of tickets and the drawing of a raffle must <u>both</u> occur within the one-year period.	\$150

Mark the appropriate response to each statement regarding the gambling location you listed on page 1:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There is a beer or liquor license at this location.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A 14-day qualified organization license has been issued at this location this calendar year.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A qualified organization already has a license at this location. If yes, Organization Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Another licensee will conduct bingo at this location.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rent is based on a percentage of total gambling receipts.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The rental agreement may be terminated without penalty or fee.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A gambling license has been revoked at this location. Revoked License Number/Name:

Describe the anticipated gambling activity. (If the activity includes a raffle, please detail the anticipated cost per ticket, value of prizes distributed, and duration of ticket sales and prize drawing.)

ORGANIZATION/BUSINESS INFORMATION

What is the total number of active members in your organization?
List officers and board members. (Attach additional sheets if necessary.)

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Name:	Social Security Number:	Telephone Number (include area code): ()	
Street Address:	City:	State:	Zip Code:
Name:	Social Security Number:	Telephone Number (include area code): ()	
Street Address:	City:	State:	Zip Code:
Name:	Social Security Number:	Telephone Number (include area code): ()	
Street Address:	City:	State:	Zip Code:

Mark the appropriate response to each statement regarding your organization/business:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	This organization has been active for the past five years.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Everyone listed is a United States Citizen.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	All state tax liabilities are satisfied.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A person listed has been convicted of a felony or pled guilty or been convicted of a serious or aggravated misdemeanor within the past two years.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A gambling license has been revoked.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	An Iowa liquor license or beer permit has been suspended or revoked.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The licensee conducted an annual game (casino) night during this calendar year.

QUESTIONS

- If you have gambling license questions, please call the Department of Inspections and Appeals at (515) 281-6848, or visit the Department's web site at www.state.ia.us/government/dia.
- If you have sales tax questions, please call the Department of Revenue and Finance at (641) 682-5139.
- If you have questions about your organization's income tax exempt status, please call the Internal Revenue Service (IRS) at 1-800-829-1040.
- If you need a form 1023 or 1024 – application for tax exempt status, please call the Internal Revenue Service (IRS) at 1-800-829-3676, or you can download the forms from the IRS web site at <http://www.irs.ustreas.gov>.

ADDITIONAL REQUIREMENTS AND INFORMATION

All Applicants

Although gambling license application processing time is typically one to two weeks, Iowa law allows the Department up to 30 days to review and investigate a gambling license applicant. Please keep this in mind when applying for a license and planning your event.

The Department may require additional information if deemed necessary to render a decision on this application. If you do not provide the required proof along with your complete gambling license application, your application cannot be processed and will be returned.

All applicant organizations or businesses must be licensed, registered, and located in Iowa. **A written credit reference must be attached to the application.** The credit reference must be from a banking institution or other entity with whom the applicant does business and should state that the applicant has an account with them and whether or not the account is in good standing.

Law enforcement must sign the application form on page four. The law enforcement signature affirms notification to the agency that they are aware that gambling will be occurring in their jurisdiction.

The Responsible Party listed on page one of the application must be a person (not an organization). The person listed must be an officer, board member or other person who has the authority to sign for the applicant. The Responsible Party's social security number must also be listed on page one of the application. The Responsible Party's Mailing Address on page one of the application is the address where the license and future quarterly report forms will be mailed.

Each organization holding a type 06, 07, 08, 09, 10, or 13 gambling license must complete and file a quarterly gambling report showing the licensee's gross gambling income, disbursements, and total income. All licensees must pay state sales tax on their gross gambling proceeds. In general, the only exceptions to payment of sales tax exist for city or county governments and certain agricultural associations. If you have questions about payment of sales tax, you should contact the Department of Revenue and Finance at (641) 682-5139.

Type 01 License Applicants

Applicants for an Amusement Concession License (type 01) **do not** need to obtain a law enforcement official's signature and **do not** need to provide a credit reference.

Type 06 License Applicants

If you are applying for a type 06 gambling license and are conducting the game night for purposes of fundraising, your organization must be a qualified organization and hold a type 07, 08, 09, 10, or 13 qualified organization license during the same time the type 06 game night license is being held.

If you are conducting the game night for purposes of entertainment and no fundraising is involved, you only need to hold the type 06 license. You cannot charge admission to play the games. You cannot play with real money. The participants must have something in common other than gambling; for example, they all work for the same employer.

Type 07, 08, 09, 10, or 13 License Applicants

If you are applying for a type 07, 08, 09, 10, or 13 gambling license, **you must provide proof of your organization's tax-exempt status.** Under Iowa Code and Administrative Rules, proof must be in the form of a determination letter from the Internal Revenue Service (IRS) stating that your organization is exempt from federal income tax under Internal Revenue Code section 501(c)(3), (4), (5), (6), (7), (8), (10) or (19).

Additional Requirements for Type 07 License Applicants

Applicants must have been active for the past five consecutive years.

Applicants must either have a sales tax permit or have made application for a sales tax permit.

If bingo will be conducted, provide the name of the person who will be responsible for the management of the games in the space provided:

A landlord or relatives of the landlord cannot be involved in the operation of bingo or concession sales at a bingo occasion. If the landlord or any relative of the landlord has any involvement in the operation of bingo or the concessions, attach a written explanation.

Political Parties or Affiliates

A political party or political party organization is a qualified organization for purposes of obtaining a type 06, 07, 08, 09, 10, or 13 gambling license. Political party or political party organization means a political party as defined in Iowa Code section 43.2, a county statutory committee, a nonparty political organization that has qualified to place a candidate as its nominee for statewide office pursuant to Iowa Code section 44.1, or a candidate committee as defined in Iowa Code section 56.2. The Iowa Ethics and Campaign Disclosure Board shall verify an applicant's status before a license is approved. **Political Action Committees (PACs) are not permitted to obtain a gambling license under Iowa Code Chapter 99B.**

Attention Law Enforcement Officials

Your signature indicates you are aware of this gambling license application and that gambling may occur in your jurisdiction.

Signature of Chief of Police/County Sheriff

Department

Date

Attention Applicant

I acknowledge that:

I am subject to investigation or audit by the Department of Inspections and Appeals, the Department of Public Safety, the Attorney General, or local law enforcement officials;

I am aware that a gambling event or occasion must not occur before a license or an authorization number has been issued.

Under Penalty of Perjury, I certify that I have examined this application and accompanying documents, and to the best of my knowledge and belief, the statements are true, correct and complete. I am aware that a person who, while under oath or affirmation in any proceeding or other matter in which statements under oath or affirmation are required or authorized by law, knowingly makes a false statement of material facts or who falsely denies knowledge of material facts, commits a class "D" felony.

Signature of Applicant

Title

Date

Make check payable to:

Treasurer – State of Iowa

Mail application to:

Iowa Department of Inspections and Appeals
Social and Charitable Gambling
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083